



# PURCHASE ORDER

**PO Number: 303-2-0315**

*Requisition Number: 303-2-00685*

**Order Date: 10/29/2021**

**Released**

**DUE TO COVID-19 AND TFC'S COMMITMENT TO TIMELY PAYMENT,  
PLEASE SUBMIT INVOICE ELECTRONICALLY TO:**

accountspayable@tfc.state.tx.us

**IF INVOICE IS MAILED, DELAYS MAY OCCUR.**

TEXAS FACILITIES COMMISSION

FISCAL MANAGEMENT / ACCOUNTS PAYABLE

P.O. BOX 13047 Austin, Texas 78711-3047

## Delivery Location

Texas School for the Deaf  
ATTN: TFC Custodial  
1102 S. Congress Ave.  
Attn: Matthew Woerndell  
Austin, TX 78704

**Show numbers on all papers and packages**

## Referenced Source or Vendor

1741976051100  
WorkQuest  
1011 EAST 53 1/2 STREET  
Austin, TX 78751  
Robert Olivo  
Phone: 512-6940756, Fax:  
robertolivo@workquesttx.com

Hand Sanitizer and Soap Refills for TSD.

WorkQuest Contract: #485-S1  
TXSmartBuy PO: 22028166

TFC Contact:  
Matthew Woerndell  
512-462-5377

## Description

§ 2155.441. PREFERENCE FOR PRODUCTS OF PERSONS WITH MENTAL RETARDATION OR PHYSICAL DISABILITIES.

(a) The products of workshops, organizations, or corporations whose primary purpose is training and employing individuals having mental retardation or a physical disability shall be given preference if they meet state specifications regarding quantity, quality, delivery, life cycle costs, and price.

(b) The workshops, organizations, or corporations shall test the products to the extent necessary to ensure quality in accordance with Section 2155.069 and may enter into contracts with a private or public entity to assist with testing.

(c) The commission is not required to purchase products under this section that do not meet formal state specifications developed by the commission or meet commercial specifications approved by the commission.

## Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Handwash, Foam, Antibacterial, ADX-12 System, Refill, 3/CS						
WorkQuest Contract: #485-S1 TXSmartBuy PO: 22028166						
	1	Case	\$48.58	10/21/2021	1/21/2022	\$48.58
<b>NIGP Class:</b> 485 <b>NIGP Item:</b> 86 <b>Object Class:</b> 300 <b>Reimbursement Type:</b> Not Reimburseable						
Hand/Shower Wash, ADX-12 System, 3/CS						
	1	Case	\$47.24	10/21/2021	1/21/2022	\$47.24
<b>NIGP Class:</b> 485 <b>NIGP Item:</b> 86 <b>Object Class:</b> 300 <b>Reimbursement Type:</b> Not Reimburseable						
Hand Sanitizer, Foaming, Instant, Green Cert, ADX-12 Sys						
	20	Case	\$59.19	10/21/2021	1/21/2022	\$1,183.80
<b>NIGP Class:</b> 436 <b>NIGP Item:</b> 73 <b>Object Class:</b> 300 <b>Reimbursement Type:</b> Not Reimburseable						
<b>Grand Total</b>						<b>\$1,279.62</b>

Questions or concerns regarding this transaction or service should be directed to: Texas Facilities Commission Procurement Division, Phone: (512)463-0209 or FAX: (512)236-6164 (The mailing address for the Texas Facilities Commission is at the top of this purchase order.)

<b>Agency</b>	TFC
<b>Fiscal Year</b>	2022
<b>Division</b>	Facilities Management and Operations
<b>Program</b>	Property Services
<b>Phone</b>	5124625377
<b>Org Code</b>	0451 - Custodial - Austin Day
<b>Type of Purchase/PCC Code</b>	' ' Exempt with Specific Legal Cite
<b>Work Order Number</b>	778721

ALL TERMS AND CONDITIONS SET FORTH IN OUR BID INVITATION BECOME A PART OF THIS ORDER. VENDOR GUARANTEES MERCHANDISE WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

#### Invoicing Standards

To facilitate payments from Texas Facilities Commission please follow the invoicing standards set forth below.

The invoice should include, but is not limited to including:

- (1) the vendor's mailing and e-mail (if applicable ) address;
- (2) the vendor's telephone number;
- (3) the name and telephone number of a person designated by the vendor to answer questions regarding the invoice;
- (4) the state agency requisition number;
- (5) the state agency's name, agency number, and delivery address;
- (6) the commission's purchase order number, if applicable;
- (7) the contract number or other reference number if applicable;
- (8) a valid Texas Identification Number (TIN) issued by the Comptroller of Public Accounts;
- (9) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;

- (10) unit numbers corresponding to the original order; and
- (11) other relevant information supporting and explaining the payment requested or identifying a successor organization to an original vendor, if necessary.

**FOB DESTINATION CASH DISCOUNT: 0% 0 DAYS.**

**TEXAS FACILITIES COMMISSION INTERNAL PURCHASING**

PURCHASER: \_\_\_\_\_

Jordan, Michelle - CTCD,

**(IN ACCORDANCE WITH YOUR BID, SUPPLIES MUST BE PLACED IN THE AGENCY RECEIVING ROOM IN DAYS FROM RECEIPT OF ORDER.)**

STATE AND CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Tex. Tax Code § 151.309 (1993), for purchase of tangible property described in this purchase order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

[.\(Show Terms And Conditions...\)](#)